		State of (•		
	Campaign	<u>ı Contributi</u>	on Disclosure	Report	
Report Type	2. This committee i	is designed to (C	Check One):		Filing office use on
(Select One)	U	11	ll of a statewide public offici		
Original Report	=		Il of a member of the general Il of a county public official	•	
original report	public official	recair or oppose are recai	a or a county paone official	7 u mum 0 pu	
Amended Report	Name Public Officer being reca	alled:			Use Earlier of Pos
mendment #	Office held by such officer:				Mark or Hand Delivered Date
dentifying and	Contact Informatio				
				(2)	
Full Name of Recall Co				Today's Date	_
Mailing Address		City	State	Zip Code	_
() -	and / or () -			
Contact Phone Number	r (We will understand the releas	se of this information as p	permission to call your office	if necessary)	
Is the committee regist	tered with the State Ethics Comm	mission? Yes	No		
If so, complete the following	owing:				_
	Name of Chairp	person and/or Treasure	er of Committee		
Period for whic	ch you are Reporting	5			
		You Must Check	K Only <u>One</u> Box		
]	Recall Committe	ee Filing Period		
(Initial Report) -	- Within 15 days after the date w	hen the official recall per	tition forms were issued to the	e sponsors	
(Second Report)	- 45 days after the filing of the	initial report			
(Third Report) -	Within 20 days after the election	on superintendent certifies	s legal sufficiency or insuffic	iency of a recall petition	
	Prior to December 31 of the year any year in which such campaig				NOT held, prior to
	V	erification by Oa	th or Affirmation		
State of				County of	
		hein	ng duly sworn (affirm), de	·	
I,	in this report form is comple	, bein	ng duly sworn (affirm), de urther, I affirm that the co	pose and say	
I,that the information		ete, true, and correct. F	urther, I affirm that the co	pose and say	
I, that the information are the same as the c	in this report form is comple contents in the electronic filin	ete, true, and correct. Fing submitted, if also el	urther, I affirm that the co	pose and say	
I, that the information are the same as the c	in this report form is comple	ete, true, and correct. Fing submitted, if also el	urther, I affirm that the co	pose and say	
I, that the information are the same as the c	in this report form is comple contents in the electronic filin	ete, true, and correct. Fing submitted, if also el	urther, I affirm that the co	pose and say	
I, that the information are the same as the c	in this report form is comple contents in the electronic filing the defore me on	ete, true, and correct. Fing submitted, if also el	urther, I affirm that the co	pose and say ontents in this report	

State of Georgia Campaign Contribution Disclosure Report Summary Report

CONTRIBUTIONS RECEIVED

	CONTRIDUTIONS RECEIVED		
1	I have: No contributions to report. The following contributions, including Common Source, to report:	<u>In-Kind</u> Value	Cash Amount
	A. If this is the first time to file a disclosure report for the current office sought,		
	ENTER 0 in both columns (one time only); or		
2	B. If this is the first report of this Reporting Cycle*, <u>ENTER 0</u> in the in-kind column and list any <u>net balance</u> on hand brought forward from the previous reporting cycle in the cash amount column (Line 13 of previous report , or total funds left over at year end of previous cycle); or		
	C. If this filing is the second or subsequent filing or this Reporting Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		
3	Total amount of all contributions of \$101.00 or more received in this reporting period. Each such contribution must be listed on the "Listed Contributions Received" page.		
3a	All loans received this period.		
3b	Interest earned on campaign account this period.		
4	Total amount of all separate contributions of <u>less than \$101.00</u> each that were reported in this reporting period. "Common Source" contributions must be aggregated on the "Listed Contributions Received" page.		
5	Total contributions reported this period. (Line $3 + 3a + 3b + 4$)		
6	Total contributions to date. <i>Total to be carried forward to next report of this reporting cycle*</i> . (Line 2 + 5)		
	EXPENDITURES MADE		
	I have:		1
7	No expenditures to report. The following expenditures to report:	<u>In-Kind</u> Value	Cash Amount
8	Total expenditures made and reported prior to this reporting period. If this is the first report of this Reporting Cycle*, <u>ENTER 0</u> . (Line 12 of previous report)		
9	Total amount of all expenditures of \$101.00 or more made in this reporting period.		
10	Total amount of all separate expenditures of <u>less than \$101.00</u> each that were made in this reporting period.		
11	Total expenditures reported this period. (Line 9 + 10)		
12	Total expenditures to date. <i>Total to be carried forward to next report of this reporting cycle*</i> . (Line 8 + 11)		
13	Net balance on hand. (Line 6 - Line 12)		

^{*} O.C.G.A. 21-5-34(b)(1)(D)(ii) A reporting cycle shall commence on January 1 of the year in which an election is to be held for the public office to which a candidate seeks election and shall conclude:

Recall	Committee Name	

⁽I) At the expiration of the term of office if such candidate is elected and does not seek reelection or election to some other office;

⁽II) On December 31 of the year in which such election was held if such candidate is unsuccessful; or

⁽III) If such candidate is successful and seeks reelection or seeks election to some other office the current reporting cycle shall end when the reporting cycle for reelection or for some other office begins

State of Georgia Campaign Contribution Disclosure Report Outstanding Indebtedness

Elect	tion Cycle: Recall Election Year:	Amount
1	Outstanding indebtedness at the beginning of this period.	
2	Loans received this period.	
2	Deferred payment of expenses this period	
4	Payments made on loans this period.	
5	Credits received on loans this period.	
6	Payments this period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line $1 + 2 + 3 - 4 - 5 - 6$)	

State of Georgia Campaign Contribution Disclosure Report Listed Contributions Received of \$101.00 or More

Full Name of Contributor		Contributor		In-Kind Contributions	
Mailing Address (PAC Affiliation if applies)	Received Date Contribution Type*	a. Occupation b. Employer	Cash or Check Amount	Value Description	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

The Act requires all public officers, candidates, and campaign committees (including recall committees) to list contributions received and expenditures made which are individually \$101.00 or more and to disclose the total amount of all contributions received and expenditures made which are individually less than \$101.00.

Page Total

* Contribution Type (Monetary, In-Kind, Loan, Common Source, Credit Received on Loan)

Recall Committee Name	Page	0	f
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State of Georgia Campaign Contribution Disclosure Report Listed Expenditures Made of \$101.00 or More

List Name and Mailing Address of Recipient	Expenditure Date Expenditure Type*	a. Occupation b. Employer	Expenditure Purpose	Amount Paid
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

The Act requires all public officers, candidates, and campaign committees (including recall committees) to list contributions received and expenditures made which are individually \$101.00 or more and to disclose the total amount of all contributions received and expenditures made which are individually less than \$101.00.

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment, Payment on Deferred Expense)

Recall Committee Name	Page	(of	

Recall Committee Name _

State of Georgia Campaign Contribution Disclosure Report

	Addendum Statement
The A	ddendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.

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